



Installation & Maintenance Electrician Experienced Worker Assessment: Candidate Background

EWA is an assessment process for experienced practising electricians. If you are not currently working as a full time practising electrician, approval must be obtained from TESP before you are registered for EWA. EWA must be completed within 18 months. If you require extra training or are not working across the scope of work required to compete assessments, you should follow an alternative training route.

If you feel the Installation & Maintenance Electrician Experienced Worker Assessment (IE/ME EWA) is the right route for you, once you have completed your Skills Scan self assessment, please complete the form below. You will need to send this, and a copy of your Skills Scan, to your chosen training provider. A follow-up discussion will be arranged to review and verify the information you supply in order to agree the level of support you'll need to complete the EWA and the price.

CANDIDATE DETAILS

Candidate Name:

Contact Number:

Email:

EMPLOYER DETAILS

Employer Name:

Address:

Postcode:

Employer Contact Name:

Contact Number:

Email:

WORK HISTORY AND PRIOR EXPERIENCE

Outline of current job role:

WORK HISTORY AND PRIOR EXPERIENCE

Work related courses or qualifications (e.g. safety, abrasive wheels, first aid, PASMA, related technical certificates etc.):

Summary of previous roles & responsibilities relevant to the EWA (including nature and context of electrical work undertaken. You may provide supporting or additional material if you need to expand on this section):

WORK HISTORY DETAILS: brief description of projects you were involved in with approximate start and finish dates (relevant to the assessment criteria):

Employer: Role:

Contact Tel: Contact Email:

Company member of a CPS? *If so which:*

Project/Job location: Start/Finish Dates:

Details:

Employer: Role:

Contact Tel: Contact Email:

Company member of a CPS? *If so which:*

Project/Job location: Start/Finish Dates:

Details:

Employer: Role:

Contact Tel: Contact Email:

Company member of a CPS? *If so which:*

Project/Job location: Start/Finish Dates:

Details:

ADDITIONAL CANDIDATE COMMENTS

Please note any additional comments related to your application:

EMPLOYER SUPPORTIVE COMMENTS (optional)

Opportunity for employer to comment on candidate's strengths and abilities:

FOR TRAINING PROVIDER USE *(delete as required)

Does the candidate hold relevant L2 qualifications that have been verified? Yes: No:

Does the candidate hold relevant L3 qualifications that have been verified? Yes: No:

A technical discussion has been carried out and has been Recorded/Documented* for EQA purposes? Yes: No:

DECLARATION OF SUITABILITY FOR INSTALLATION/MAINTENANCE ELECTRICIAN EXPERIENCED WORKER

ASSESSMENT: The following should be completed by the candidate and training provider following a review of the candidate's knowledge and experience, and retained by the training provider:

Learner Declaration: I declare the information within this form and my Skills Scan to be a true representation of my understanding and experience:

Name: Signature: Date:

Assessor Declaration: I confirm I have authenticated the applicant's knowledge and experience and it meets IE/ME EWA registration requirements:

Signature: Name:

Organisation: Date: